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CONFIRMATION NO. 3954

SERIAL NUMBER 10/700,192	FILING DATE 11/03/2003	CLASS 004	GROUP ART UNIT 3751	ATTORNEY DOCKET NO. 7313-1-1
	RULE			

APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/401,260 03/27/2003 PAT 6,857,137

** FOREIGN APPLICATIONS ******None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/10/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FL	3	41	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Urine collection device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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